

2768

classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State		Registered No.	
County				City		Ward	
Township				or Village		St.	
City				No.		St.	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				No.		St.	
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth		St.	
2. FULL NAME				St.		Ward	
(a) Residence: No.				(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)		21. DATE OF DEATH (month, day, and year)			
Female	White	Married		Nov 23, 1933			
5a. If married, widowed, or divorced				22. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of				Nov 18, 1933, to Nov 23, 1933			
(or) WIFE of				I last saw him alive on Nov 23, 1933; death is said			
W. D. Busby				to have occurred on the date stated above, at 12 m.			
6. DATE OF BIRTH (month, day, and year)				The principal cause of death and related causes of importance were as follows:			
June 1, 1868				Pneumonia			
7. AGE	Years	Months	Days	Other contributory causes of importance:			
68	5	22	22	Chronic Bronchitis			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Name of operation			
Housewife				Date of			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				What test confirmed diagnosis? Was there an autopsy?			
10. Date deceased last worked at this occupation (month and year)				23. If death was due to external causes (violence) fill in also the following:			
11. Total time (years) spent in this occupation				Accident, suicide, or homicide? Date of injury, 19			
12. BIRTHPLACE (city or town) (State or country)				Where did injury occur? (Specify city or town, county and State)			
13. NAME				Specify whether injury occurred in industry, in home, or in public place.			
14. BIRTHPLACE (city or town) (State or country)				Manner of injury			
15. MAIDEN NAME				Nature of injury			
16. BIRTHPLACE (city or town) (State or country)				24. Was disease or injury in any way related to occupation of deceased?			
17. INFORMANT (Address)				If so, specify			
18. BURIAL, CREMATION, OR REMOVAL Place				(Signed) O. B. Patton, M. D.			
19. UNDERTAKER (Address)				(Address) A. J. Arizona			
20. Filed Dec 9, 1933				Registrar			